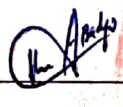
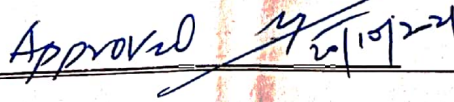


SECTION 1: APPLICANT'S DETAILS	
Employee Name	Allah Bachayo Bughio
Designation	UCPO
CNIC No.	43201-3211733-7
District/UC	Larkana / UC-Karani
Leave application date	18/October/ 2021

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input checked="" type="checkbox"/> Others
Number of Days Leave Applied for <b>03 Days</b>	
Leave start date <b>20-oct-2021</b>	Leave end date <b>22-oct-2021</b>
OIC Name and designation: <b>Allah Bachayo Bughio Union Council Polio Officer (UCPO) UC-Karani CHIP Training &amp; Consulting (PVT) Ltd. E-mail: <a href="mailto:allahabachayobughio@gmail.com">allahabachayobughio@gmail.com</a></b>	

Employee signature: Allah Bachayo Bughio 	Date: <b>18-10-2021</b>
PEO endorsement: <b>Approved</b> 	Date: <b>20-10-2021</b>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____